

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90193 044 ***150.00

0454668

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L70251
 1. Corporation Name
JEFFREY A. HEITMANN, M.D., P.A.

Principal Place of Business 198 9TH ST. NORTH NAPLES FL 33940	Mailing Address 198 9TH ST. NORTH NAPLES FL 33940
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>1660 Medical Blvd</i>	2a. Mailing Address 26 <i>1660 Medical Blvd</i>	4. FEI Number 65-0202462	Applied For <input type="checkbox"/> Not Applicable
22 <i>Suite 300</i>	27 <i>Suite 300</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 <i>NAPLES FL</i>	28 <i>Naples FL</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 <i>34110</i>	25 Country	29 <i>34110</i>	30 Country

9. Name and Address of Current Registered Agent HEITMANN, JEFFREY A. 198 NINTH STREET NORTH NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <i>1660 Medical Blvd</i> 83 <i>Suite 300</i> 84 City <i>Naples</i> FL 85 Zip Code <i>34110</i>
---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITMANN, JEFFREY A.	1.2 NAME	
STREET ADDRESS	198 9TH ST. N.	1.3 STREET ADDRESS	<i>1660 Medical Blvd Suite 300</i>
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	<i>Naples, FL 34110</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: *1/19/99* Daytime Phone #: *9415130053*

CR2E034 (11/98)